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3 4	28763 BAKER BOT O ROCKEFEL 4th Floor	TS L.L.P. LER PLAZA			Certifi	icate of Mailing or Trans	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.	
NEW YORK, NY 10112-4498				a na nakasita naka naspatan manan na hakan na sanggabi nata saggab na sa	ministrajuntai salatingi haji, miny hulitaye, espendia anto	gagaja sarun runggalapah jah masalum enem runggalapah enemagipah tempajah enemasah enema	(Depositor's name)	
•							(Signature)	
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А	PPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A'	TTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/689,308 10/20/2003			Kate E. Nordland	d 86012-34800-USPT		2871	
TITLE OF INVENTION: POLYMERIC CONTAINERS WITH HANDLE								
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Man /	APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE	
E.W	APPLN. TYPE	NO	\$1400	\$300	\$0 1	\$1700	12/28/2007	
72.7 7.17	EXAM		ART UNIT	CLASS-SUBCLASS	J		•	
	BRADEN, SHAWN M 3781  Change of correspondence address or indication of "Fee Address" (37			220-756000				
GFR I	1.363).			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2 Baker Botts L.L.P				
Ad	Change of corresp dress form PTO/SI	ondence address (or Cha B/122) attached.	nge of Correspondence					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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: I	Pactiv Corporation Lake Forest, Illinois							
Blease check the appropriate assignce category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government								
	c following fcc(s)	are submitted:	41	p. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)				
24	⊠ Issue Fee			A check is enclosed.				
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<u> 1983 </u>				overpayment, to Depo	sit Account Number	02-4377 (enclose a	n extra copy of this form).	
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	thorized Signature		Chearini		Date12/17	/2007		
Тур	ocd or printed nam	<sub>e</sub> Lisa A. Chiari	ni	·	Registration No.	50,932	The second secon	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  [Sinder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								
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